

# CLAIMS ONLY

Application Number

09/980388

Filing Date

Applicant(s)

2/25/05

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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49						
50						
Total Indep	1					
Total Depend	20					
Total Claims	21					

  

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-676)

SERIAL NO.

**09/980388**

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2	/	/		/		/							
3	/	/		/		/							
4	/	/		/		/							
5	/	/		/		/							
6	/	/		/		/							
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TOTAL IND.	1		1		1								
TOTAL DEP.	9		9		20								
TOTAL CLAIMS	10		10		21								
51													
52													
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100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS